

SUBJECT INDEX

- AAACN (American Academy of Ambulatory Care Nurses), 291
- ACCI (Ambulatory Care Client Classification Instrument), 292
- Accreditation, documentation and, 277
- Administrative aspects, of documentation, 276-278
- Advanced practice nurse (APN)
 - in community outreach, 250
 - in nurse-managed clinics, 234-235
 - role of, 247-248
- Ambulatory Care Client Classification Instrument (ACCCI), 292
- Ambulatory nursing administrator
 - budgets and, 301-302
 - continuing education needs and, 303
 - defining scope of practice and, 297-298
 - future of, 303-304
 - necessary skills for, 296-297
 - practice standards, writing of, 298-299
 - quality assurance/quality improvement and, 302-303
 - responsibilities of, 296, 297
 - staffing mix/patterns and, 299-301
- Ambulatory oncology, reimbursement issues for, 284-286
- Ambulatory oncology nurse
 - activities of, 293
 - program-based affiliations, 249-250
 - role development for, 245
 - role types of, 245-249. *See also specific types of ambulatory oncology nurses*
 - telephone triage and, 250-251
 - time limitations and, 251
 - transition from hospital to home, 251-252
- Ambulatory setting
 - application of workload measurements in, 293-294
 - documentation in. *See* Documentation
 - factors affecting nursing care delivery in, 239
 - nursing personnel activities for, 293
 - nursing practice taxonomy for, 246, 292
 - for outpatient services, 230-233. *See also* Outpatient services
 - productivity in, 288, 289-291
 - reimbursement for nursing services, 282
 - scope of practice for, 297-298
 - standards of care for, 298-299
 - trends in, 281-282
 - vs. inpatient setting, 289-290
 - workload in, 288, 290-292. *See also* Workload analysis
- American Academy of Ambulatory Care Nurses (AAACN), 291
- American Nurses Association (ANA), 282
- ANA (American Nurses Association), 282
- APN. *See* Advanced practice nurse (APN)
- Assessment forms, 265-269
- Associative costs, for clinical trials, 285
- Blue Cross and Blue Shield, 283, 302
- Bone marrow transplantation (BMT)
 - ambulatory oncology nurse affiliations, 249
 - treatment centers for, 233
- Budget process, 301-302
- CanScreen program, 230
- Care plans, 265-266, 272
- Case management
 - components of, 241
 - continuity of care and, 258
 - models of, 240-242
- Charting by exception, 265
- Charts, 264-265
- Chemotherapy
 - administration of, documentation for, 266-267, 273-274
 - ambulatory care, workload measurement in, 291-292
 - drug administration methods, reimbursement for, 284
 - treatment centers for, 232
- Children, prevention services for, 231
- Clinic nurse, 245, 247
- Clinical nurse specialist (CNS), 241
- Clinical trials
 - associative costs, 285
 - reimbursement for, 284-285
- Clinical trials nurse, 247, 258
- Clinics, 231
 - advantages, 233-234
 - disadvantages, 234
 - nurse-managed, 234-235, 238
 - planning, assessment for, 234
 - staffing mix and patterns for, 299-301
 - 23 and 24-hour, 231-232
- CNS (clinical nurse specialist), 241
- Coinurance, 282
- Collaborative practice
 - as care delivery model, 242-243
 - continuity of care and, 257
 - in discharge planning, 257
 - implementation/success of, 242-243
 - one-on-one communication and, 240
- Communication
 - inadequate, continuity of care and, 257
 - one-on-one, collaborative practice and, 240
 - telephone, 272-273, 275
- Community outreach, ambulatory oncology nurse affiliations, 249-250
- Computerization, documentation and, 278
- Continuing education, needs for, 303
- Continuity of care
 - barriers to, 256-257
 - coordination and, 254
 - definition of, 254-255
 - evaluation of, 261
 - evolution of concept, 255-256
 - historical aspects of, 255-256
 - importance of, 254
 - key components of, 258-259
 - program examples, 257-258
 - services for, 260
- Continuous quality improvement (CQI), 303
- Coordination
 - continuity of care and, 254
 - of supplemental resources, 260

SUBJECT INDEX

- AAACN (American Academy of Ambulatory Care Nurses), 291
- ACCI (Ambulatory Care Client Classification Instrument), 292
- Accreditation, documentation and, 277
- Administrative aspects, of documentation, 276-278
- Advanced practice nurse (APN)
 - in community outreach, 250
 - in nurse-managed clinics, 234-235
 - role of, 247-248
- Ambulatory Care Client Classification Instrument (ACCCI), 292
- Ambulatory nursing administrator
 - budgets and, 301-302
 - continuing education needs and, 303
 - defining scope of practice and, 297-298
 - future of, 303-304
 - necessary skills for, 296-297
 - practice standards, writing of, 298-299
 - quality assurance/quality improvement and, 302-303
 - responsibilities of, 296, 297
 - staffing mix/patterns and, 299-301
- Ambulatory oncology, reimbursement issues for, 284-286
- Ambulatory oncology nurse
 - activities of, 293
 - program-based affiliations, 249-250
 - role development for, 245
 - role types of, 245-249. *See also specific types of ambulatory oncology nurses*
 - telephone triage and, 250-251
 - time limitations and, 251
 - transition from hospital to home, 251-252
- Ambulatory setting
 - application of workload measurements in, 293-294
 - documentation in. *See* Documentation
 - factors affecting nursing care delivery in, 239
 - nursing personnel activities for, 293
 - nursing practice taxonomy for, 246, 292
 - for outpatient services, 230-233. *See also* Outpatient services
 - productivity in, 288, 289-291
 - reimbursement for nursing services, 282
 - scope of practice for, 297-298
 - standards of care for, 298-299
 - trends in, 281-282
 - vs. inpatient setting, 289-290
 - workload in, 288, 290-292. *See also* Workload analysis
- American Academy of Ambulatory Care Nurses (AAACN), 291
- American Nurses Association (ANA), 282
- ANA (American Nurses Association), 282
- APN. *See* Advanced practice nurse (APN)
- Assessment forms, 265-269
- Associative costs, for clinical trials, 285
- Blue Cross and Blue Shield, 283, 302
- Bone marrow transplantation (BMT)
 - ambulatory oncology nurse affiliations, 249
 - treatment centers for, 233
- Budget process, 301-302
- CanScreen program, 230
- Care plans, 265-266, 272
- Case management
 - components of, 241
 - continuity of care and, 258
 - models of, 240-242
- Charting by exception, 265
- Charts, 264-265
- Chemotherapy
 - administration of, documentation for, 266-267, 273-274
 - ambulatory care, workload measurement in, 291-292
 - drug administration methods, reimbursement for, 284
 - treatment centers for, 232
- Children, prevention services for, 231
- Clinic nurse, 245, 247
- Clinical nurse specialist (CNS), 241
- Clinical trials
 - associative costs, 285
 - reimbursement for, 284-285
- Clinical trials nurse, 247, 258
- Clinics, 231
 - advantages, 233-234
 - disadvantages, 234
 - nurse-managed, 234-235, 238
 - planning, assessment for, 234
 - staffing mix and patterns for, 299-301
 - 23 and 24-hour, 231-232
- CNS (clinical nurse specialist), 241
- Coinsurance, 282
- Collaborative practice
 - as care delivery model, 242-243
 - continuity of care and, 257
 - in discharge planning, 257
 - implementation/success of, 242-243
 - one-on-one communication and, 240
- Communication
 - inadequate, continuity of care and, 257
 - one-on-one, collaborative practice and, 240
 - telephone, 272-273, 275
- Community outreach, ambulatory oncology nurse affiliations, 249-250
- Computerization, documentation and, 278
- Continuing education, needs for, 303
- Continuity of care
 - barriers to, 256-257
 - coordination and, 254
 - definition of, 254-255
 - evaluation of, 261
 - evolution of concept, 255-256
 - historical aspects of, 255-256
 - importance of, 254
 - key components of, 258-259
 - program examples, 257-258
 - services for, 260
- Continuous quality improvement (CQI), 303
- Coordination
 - continuity of care and, 254
 - of supplemental resources, 260

- Correspondence, nonclinical, 276
Cost containment, 240
CPT (Current Procedural Terminology), 282
CQI (continuous quality improvement), 303
Current Procedural Terminology (CPT), 282
- Day hospitals, 231-232, 281
Decision making, patient/family involvement in, 259-260
Deductibles, insurance, 282
Delivery system or model
 of care, 238-243
 comparison, 238
 identification of, 237
 nursing, choice of, 237-238
 staffing levels for, 237, 240
Detection services, 230-231, 249
Dictation, 265
Discharge planning, 254, 257
Documentation
 accreditation and, 277
 administrative aspects of, 276-278
 barriers to, 276
 ethical issues of, 277
 financial/reimbursement issues, 277-278
 historical aspects of, 264
 innovations, new and future, 278-279
 legal issues of, 277
 nonclinical correspondence, 276
 pilot forms, testing of, 276
 postmortem, 275-276
 quality assurance and, 278
 for reimbursement, 287
 styles, types of, 264-265
 telephone, 272-273, 275
 tools for, 265-276
Drug administration methods, reimbursement for, 284
- Education
 continuing, needs for, 303
 of family, 259-260
 needs for, 230
 of patient, 259-260
 teaching tools for, 271-272
Ethical issues, of documentation, 277
- Family
 education of, 259-260
 involvement in decision making, 259-260
 needs, comprehensive assessment of, 259
Financial aspects, of documentation, 277-278
Flow sheets
 for chemotherapy, 266, 268, 271, 274
 as documentation method, 264-265
- Genetic screening, 232
Goal development, for care process, 260
Government reimbursement programs, 283
- HCFA (Health Care Financing Administration), 282
Health care alliances, 234
Health Care Financing Administration (HCFA), 282
Health care reform, 281
Health insurance
 Medicare/Medicaid, 283
 private sector, 283-284
 terminology for, 282
Health maintenance organizations (HMOs), 283-284
History and assessment forms, 265-269
HMOs (health maintenance organizations), 283-284
- Indemnity plan, 282
Infusion-drug administration nurse, 247
Inpatient setting, vs. ambulatory setting, 289-290
Interdisciplinary team, 256
 continuity of care and, 259
Investigational drugs, reimbursement for, 284
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 277, 302
Joint practice. *See* Collaborative practice
- Kardex, chemotherapy, 266-268, 273
- Legal aspects, of documentation, 277
Longitudinality, program examples of, 257-258
- Managed care, 283-284
Managers, ambulatory nursing. *See* Ambulatory nursing administrator
Medicaid, 283, 302
Medical documentation, integration with nursing documentation, 278-279
Medicare, 283; 286, 302
Medicare Cancer Coverage Improvement Act (OBRA 1993), 284, 285
Multidisciplinary team. *See* Interdisciplinary team
- Nonphysician providers (NPPs), 282
NP (nurse practitioner), 248
NPCI (Nursing Patient Classification Instrument), 292
NPPs (nonphysician providers), 282
Nurse manager, 247. *See also* Ambulatory nursing administrator
Nurse practitioner (NP), 248
Nurse-managed clinics, 234-235, 238
Nursing care delivery, 281
Nursing Patient Classification Instrument (NPCI), 292
- OBRA (Omnibus Budget Reconciliation Act), 284, 285
OCNS (oncology clinical nurse specialist), 247-248, 250

- Office-based nurses, 249
 - continuity of care and, 258
 - documentation and, 264
 - reimbursement issues for, 286
 - workload of, 293
- Off-label drugs, reimbursement for, 284
- Omnibus Budget Reconciliation Act (OBRA), 284, 285
- Oncology clinical nurse specialist (OCNS), 247-248, 250
- Oncology Nursing Society (ONS), ambulatory nursing surveys, 290-291
- Oncology Transition Services, 258
- Outpatient services. *See also specific outpatient services*
 - advantages, 233-234
 - disadvantages, 234
 - goal of, 229-230
 - options for, 229-230
 - settings for, 230-233
 - standards for, 230
 - values in, 230
- Patient
 - education of, 259-260
 - involvement in decision making, 259-260
 - needs, comprehensive assessment of, 259
 - transitions of, 254
- Patient classification systems
 - components of, 289
 - description of, 288-289
 - productivity measurement and, 301
 - types of, 289
 - workload measurement and, 291
- Physician office settings
 - oncology services in, 231
 - reimbursement for, 285-286
- Plan development, for care process, 260
- Postmortem documentation, 275-276
- PPOs (Preferred Provider Organizations), 283-284
- Practice expectations, 237
- Practice standards
 - for ambulatory setting, 298-299
 - implementing, 302
- Preferred Provider Organizations (PPOs), 283-284
- Prescriptive plan, 282
- Prevention services
 - ambulatory oncology nurse affiliations, 249
 - outpatient, 230-231
- Primary nursing
 - as care delivery model, 238-240
 - continuity of care and, 258
- Productivity measurement system, 288
- Psychosocial patient needs, 251
- Quality assurance
 - ambulatory nursing administrator and, 302-303
 - committees, 276
 - documentation and, 278
- Quality improvement, ambulatory nursing administrator and, 302-303
- Radiation oncology nurse, 247
- Radiation treatment centers, 232-233
- Reimbursement
 - ambulatory oncology issues for, 284-286
 - budget process and, 302
 - for chemotherapy, 232
 - continuity of care and, 256
 - denials, 286
 - documentation for, 277-278, 287
 - for nursing services, 282
 - for radiation therapy, 233
 - strategies, 286-287
 - types of, 282-284
- Research, documentation and, 279
- Resources, supplemental, identification/coordination of, 260
- Roy Adaptation Model, 237
- Same-day service, 230-231
- Scheduling systems, for nursing care, 301
- Screening
 - genetic, 232
 - outpatient services, 230-231.
- Self-administered drugs, reimbursement for, 284
- Self-insurance, 283
- Self-reports, 265, 270-271
- Service plan, 282
- Services
 - outpatient. *See Outpatient services*
 - in providing continuing care, 260
- Staff nurse, 245, 247
- Staffing levels
 - for ambulatory care, 288
 - for delivery models, 237, 240
 - mix and patterns of, 299-301
- Standards of care
 - for ambulatory setting, 298-299
 - implementing, 302
- Supplemental resources, identification/coordination of, 260
- Surgical oncology nurse, 247
- Teaching tools, 271-272
- Team nursing, as care delivery model, 242
- Telephone
 - communication and documentation, 272-273, 275
 - triage, 250-251
- Territoriality, continuity of care and, 256
- Transitions
 - for ambulatory oncology nurse, 251-252
 - in care. *See Continuity of care*
 - integration of care through, 260-261
 - for oncology patient, 254
 - planning for, key questions in, 259
- Treatment centers, 232-233
- Triage
 - definition of, 247
 - telephone, 250-251
 - 23 and 24-hour clinics, 231-232

- Volunteers, 229
- Workload analysis, 288
 applications for ambulatory care, 293-294
 forecasting and, 302
- measurement tools in ambulatory care, 291-293
 techniques for, 289
 tools for, 291-293
- Written documentation
 clinical narrative, 264
 nonclinical correspondence, 276

1994 AUTHOR INDEX

- | | | |
|----------------------|----------------------|------------------------------|
| Ades, Terri B., 89 | Gould, D.A., 3 | Polomano, R., 165 |
| Aikin, J.L., 254 | Harlon, A.N., 114 | Prout, M., 79 |
| Alkire, K., 208 | Hoskins, D., 89 | |
| | Houlihan, N.G., 281 | Robinson, S.H., 237 |
| Baldwin, P.D., 130 | Hunter, S.W., 245 | Ross, J.A., 12 |
| Ballard, B., 28 | | |
| Beddar, S.M., 254 | | Shelton, B.K., 145, 146, 208 |
| Behrend, S.W., 264 | Kelleher, J., 64 | Shuey, K.M., 177 |
| Black, B.L., 89 | | |
| | Labovich, T.M., 189 | Underwood, S.M., 89 |
| Camp-Sorrell, D., 28 | Lamkin, L., 229 | |
| Cooley, M.E., 245 | Lawrence, J., 198 | Varrichio, C.G., 123 |
| Crouch, M.A., 12 | Lin, E. M., 227, 245 | |
| | | Walter, J.M., 237 |
| Downs, S., 58 | McCabe, M.S., 123 | Weintraub, F.N., 165 |
| | Marsee, V., 156 | Welte, K., 12 |
| Ferrell, B.R., 42 | Martin, V., 227 | Whedon, M., 42 |
| Franco, T., 3 | Martin, V.R., 296 | Wilkes, G., 77, 79 |
| Freeman, H., 79 | Medvec, B.R., 288 | Wujcik, D., 1, 28 |
| | | Wurster, A., 165 |
| Given, B.A., 114 | Padberg, R.M., 123 | |
| Given, C.W., 114 | Palos, G., 104 | Xistris, D.M., 281 |